

Opening Statement of Chairman Greg Walden
Subcommittee on Health
“21st Century Cures Implementation: Examining Mental Health Initiatives”
July 19, 2018

(As prepared for delivery)

I'd like to thank Dr. Burgess for convening this hearing today to examine the meaningful mental health reforms enacted into law with the 21st Century Cures Act, or Cures. These policies were the result of a multi-year, multi-Congress effort. They are based largely off the Helping Families in Mental Health Crisis Act, which passed the House in July 2016 by a sweeping vote of 422-2.

The provisions were ultimately folded into Cures, which was signed into law on December 13, 2016. Division B of Cures authorized these landmark reforms to our nation's mental health system that were long overdue.

When our committee first took this on, there were 112 federal programs spread across eight federal agencies designed to address mental illness. They cost \$130 billion annually, and many of these programs had not been updated or reauthorized in years.

In Cures, we streamlined these programs and brought them into the 21st century. We prioritized access to evidence-based programs and best practices to make them available to providers across the country. We granted states additional flexibility in administering mental health block grants to address the specific needs of their patient population. And we increased oversight, transparency, and accountability for these programs.

Cures also made important progress in boosting resources for suicide prevention. Too many of us have lost loved ones to suicide – my friend and colleague Senator Gordon Smith from Oregon tragically lost his son Garrett Lee Smith to suicide, one day before his 22nd birthday. I worked hard with Senator Smith to authorize the original Garrett Lee Smith Memorial Act, which provides information and training for suicide prevention, surveillance, and intervention strategies for all ages. I was proud to see this important program reauthorized in Cures.

In a March funding bill which is now law, Congress provided critical funding for nearly 30 sections of provisions within Cures. These programs include: The National Child Traumatic Stress Network, The National Child Traumatic Stress

Initiative, Mental and Behavioral Health Training Grants, Assisted Outpatient Treatment, and the National Suicide Prevention Lifeline. In addition, the bill also appropriated more than \$2.3 billion in new funding for mental health programs and other training. These are resources that can mean the difference between life and death.

It's also worth noting the promotion of integration of primary and behavior health care included in Cures. In Wallowa County and other areas of my district in Oregon, I've heard the success stories of providers who have integrated their community health center and behavioral health services. We know that works, but we also know there can be barriers to full integration and I'd love to hear from our witness about what you're seeing at the federal level in this space.

Finally, I'd like to note the sections in Cures devoted to substance use disorder. Just last month the House passed H.R. 6, the SUPPORT for Patients and Communities Act, the biggest legislative package to address a drug crisis in history. That bill started in this very subcommittee. Our work on substance use disorder, however, goes much further back – back to the leadup to the Comprehensive Addiction and Recovery Act (CARA) and Cures.

The intersection between mental health issues and substance use disorder is clearer now more than ever, and the grants and programs authorized by Cures have set the table for our work to combat the opioid crisis.

I'd like to thank our witness for joining us today. Her position was created under the very law we are examining today, and I know we are all eager to learn more about her work to coordinate critical mental health services and programs across the federal government.